# Health Data & Analytics Panel: Improving the Public's Health

Section of Chronic Disease Prevention and Health Promotion Andrea Fenaughty, Ph.D.

# **Overview**

- Types of health data we use
- How we use health data to improve the public's health
  - Directly
  - Indirectly
- Gaps
- Opportunities





## **Public Health Data Sources**

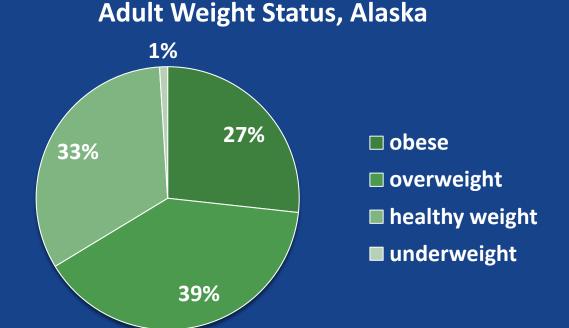
- Survey data
  - BRFSS, YRBS, PRAMS, CUBS
- Administrative records
  - hospital discharge, Medicaid claims
- Registry data
  - Cancer Registry, Trauma Registry
- Vital records
  - Cause of death





# 1. Identify burden

a. Extent?

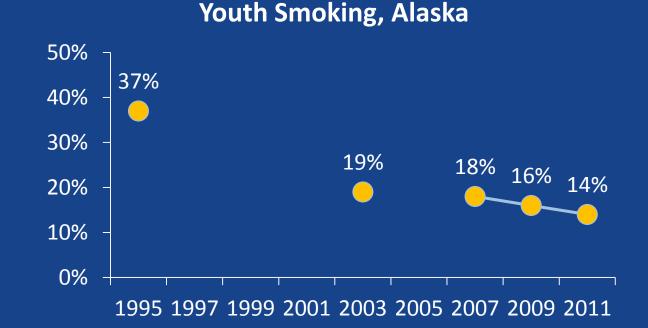




# 1. Identify burden

a. Extent?

b. Trends?





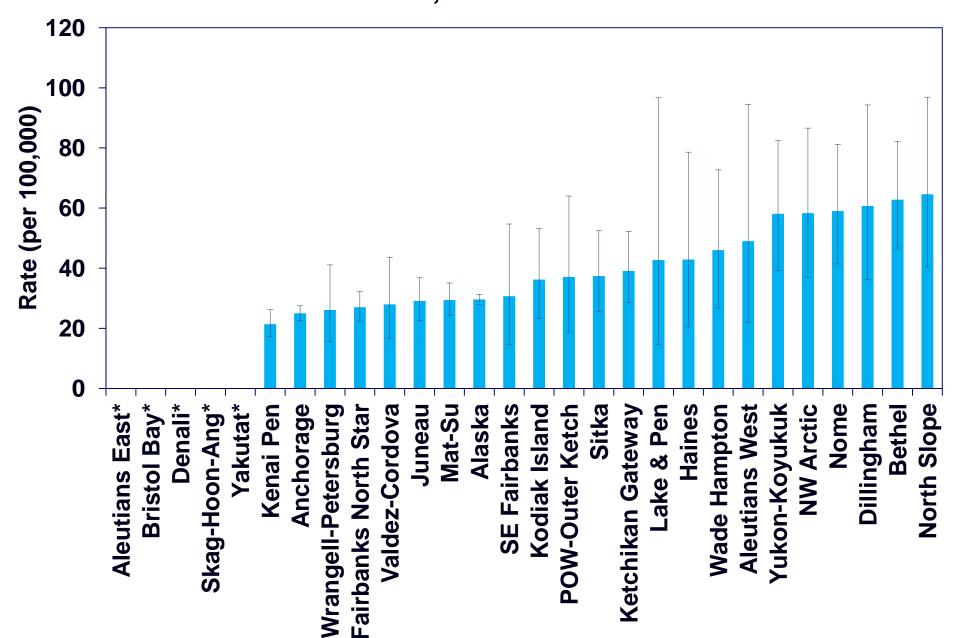
# 1. Identify burden

- a. Extent?
- b. Trends?
- c. Health Equity...





# Late Stage Colorectal Cancer by Borough/Census Area, 1996-2007



- 1. Identify burden
  - a. Extent?
  - b. Trends?
  - c. Health equity?
- 2. Develop approaches to address burden
  - a. Strategic Plans...





# Section of Chronic Disease Prevention and Health Promotion Strategic Plan – FY2012-2017

- Hospitalizations due to injuries from falls are:
  - Very high (and costly) among those 65 and older,
  - And increasing
- Goal 4 of Strategic Plan:
  - Reduce the rate of hospitalization due to falls among the 65 and older population by 5%
  - Focused set of strategies to address
    - Promote fall risk assessments
    - Explore fall clinics



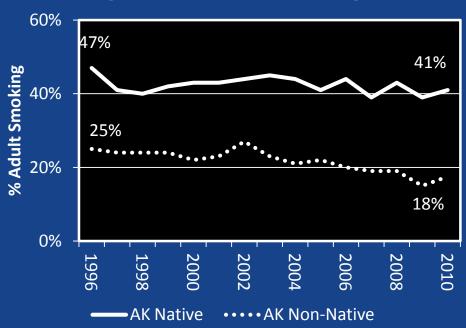
- 1. Identify burden
  - a. Extent?
  - b. Trends?
  - c. Health equity?
- 2. Develop approaches to address burden
  - a. Strategic Plans...
  - b. New initiatives...





#### The Alaska Native Community Evaluation Project

Persistently high ratesof tobacco use amongAlaska Natives



- A team of Alaska Native and tobacco control experts developed recommendations to address this disparity
- Now we and our partners are implementing many of these, recognized a national leader in this area



- 1. Identify burden
  - a. Extent?
  - b. Trends?
  - c. Health equity?
- 2. Develop approaches to address burden
  - a. Strategic Plans...
  - b. New initiatives...
- 3. Monitor Progress







5

6

8

9

10

11

12

13

adolescents

17%

14%

60%

13%

10.6

31.4

7.0

4.0

10.0

19.2%

25.0%

51.8%

19.7%

21.1

63.9

23.5

5.6

17.6

14.1%

22.6%

58.0%

20.2%

22.6

58.5

10.4

6.1

14.1

Target Met?

N/A

N/A

Healthy Alaskans 2010	
Leading Health Indicators Scoreca	r

# / j	Healthy Alaskans 2010 Leading Health Indicators Scorecard				
SILA	Commune	HA2010 Target	Baseline*	Current*	1
1	Increase physical activity among adolescents <sup>†</sup>	N/A <sup>†</sup>	18.7%	21.3%	
2	Increase physical activity among adults <sup>†</sup>	N/A <sup>†</sup>	56.9%	59.7%	
3	Reduce obesity among adolescents	5%	11.0%	11.5%	
4	Reduce obesity among adults	18%	21.0%	28.0%	

Reduce cigarette smoking among adolescents

Increase abstinence from alcohol and illicit drugs among

Reduce deaths caused by unintentional injury (per 100,000)

Reduce child maltreatment (substantiated rate per 1,000)

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Reduce deaths caused by motor vehicle crashes (per 100,000)

Reduce digarette smoking among adults

Reduce binge drinking among adults

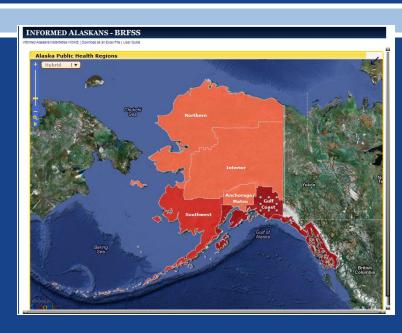
Reduce the suicide death rate (per 100,000)

Reduce deaths from homicide (per 100,000)

# How Partners, the Public Use Data

# **Provide data in many forms**

- Print, web publications
- Special requests
- Informed Alaskans
  - Instant Atlas live
  - Indicator-Based Information System (IBIS) coming





#### **How Partners Use Data**

To support local health assessment/improvement

#### Our Strategic Goals:

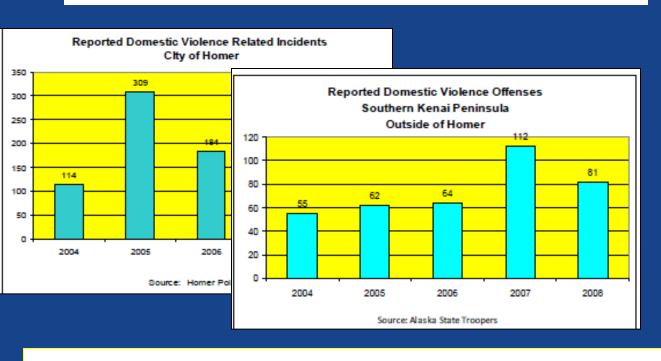


- Reduce the barriers to healthcare access.
- Make progress on Healthy Alaska 2010 goals in the Mat-Su Borough.
- Increase the capacity of nonprofits operating in the Mat-Su Borough to address the issues of health and wellness.
- Increase collaborative relations with funders and stakeholders in Alaska and other states.
- Hardwire governance policies, procedures and protocols for effective Mat-Su Regional Medical Center governance



#### **How Partners Use Data**

#### SOUTHERN KENAI PENINSULA COMMUNITY HEALTH STATUS ASSESSMENT REPORT- 2009





Add these two for scope of problem in our area - roughly one reported every day.





# **How the Public Use Data**

 To become informed about health issues that may effect them and their families



#### Learn the Facts

Alaska is a big state with a big problem: About 3 of every 10 Alaska kids are overweight.







Think you aren't affected? In your dreams.

Alaska smokers bought 31 million packs of cigarettes in 2011.





# Gaps in Health Status Data

Risk Behaviors Morbidity Mortality

- Hospital Discharge Data
  - Currently no reliable reporting from HDDS
  - Continuing issues of representativeness
- Registries
  - Statewide only have cancer and trauma registries
  - Cardiovascular registries unsuccessful so far in AK





#### **IBIS**

- Security issues have delayed launch, still moving forward
- BRFSS, YRBS, Cancer and Trauma Registries, HDDS

### **Instant Atlas**

- 21 years of data, 172 variables, maps by race
- BRFSS (now); YRBS (by June 2013)
- Improvements to instructions (quick start)



#### **All Payer Claims Database**

- Access to the full scope of medical care delivered in Alaska
- □ HDDS + Medicaid Claims ≠ total picture
  - Non-participating hospitals
  - Not population-based





#### Potential Uses of an APCD:

- What happened?
- When and where did it happen?
- How much did it cost?
- Who paid for what (including consumer out of pocket \$)?
- What costs were not covered?
- What other influences impact outcome (e.g., co-morbidities)?
- What impact does preventive care have on outcome?



#### **New MMIS**

- Current MMIS does not include markers such as BMI, cholesterol and blood pressure
- New MMIS may (?)

#### <u>HIE</u>

 Provider participation would need to increase substantially for this to be a useful data source for monitoring population health status



# **Thank You!**

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